

2. Eligible recipients will have free choice of providers of other medical care under the State Plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other programs authorized for this same purpose. Sick cell case management must not duplicate any other Medicaid case management or wavered service.
19. CASE MANAGEMENT - Physically Handicapped Children

Under the authority of Section 1915 (g)(1) of the Social Security Act, case management services will be covered without regard to the requirements of Section 1902 (a) (10)(B) of the act and will be targeted to physically handicapped Children.

- A. Coverage is limited to noninstitutionalized physically handicapped children as diagnosed and determined under the criteria established by the South Carolina Department of Health and Environmental Control's Children's Rehabilitative Services (CRS) program and the Department of Health and Human Services. This criteria establishes physically handicapped children as individuals below the age of 18 with one or more of the following organic diseases, defects or conditions which may hinder the achievement of normal growth and development:

1. Diseases of the bones and joints
2. Hearing disorders and aural pathologies
3. Congenital anomalies
4. Epilepsy
5. Cardiac defects including rheumatic fever
6. Cleft lip/palate or other craniofacial anomalies
7. Cerebral palsy and other central nervous system disorders
8. Cystic fibrosis
9. Endocrine disorders
10. Hemophilia
11. Developmental delays, such as speech/language, motor and growth abnormalities.

- B. Case management for physically handicapped children is not restricted geographically, and is provided on a statewide basis in accordance with section 1902(a)(10)(B).

- C. All case management services for this targeted physically handicapped population are comparable in amount, duration and scope.

- D. DEFINITION OF SERVICES:

Case management services are defined as those services necessary to assure that the targeted patient population has access to a full array of needed medical, health education, social, treatment, and rehabilitative services. A mechanism for referral will exist as an integral aspect of this service, as well as a process for follow up monitoring.

Case management services for physically handicapped children will assure that: these children obtain necessary services in a timely manner and are carefully coordinated and integrated. Assessments will be provided to identify the child's need for case needs and resources. Case management assessments will not include the actual performance of physical/psychological examinations or evaluations. Treatment goals and interventions shall be developed in conjunction with the family, based on mutually identified needs; and that services are child and family centered and community based.

The case manager must follow up with the patient to ensure that all recommended services were accessed. The case manager must maintain adequate records to ensure that the approved plan of care is appropriate and all services that were deemed necessary were actually utilized. A plan of care will be updated periodically to assure that needed services are accessed.

E. QUALIFICATIONS OF PROVIDERS:

Providers of case management services may be any entity/individual including, but not restricted to, local health departments and community health clinics regardless of whether they provide other Medicaid services.

Individual case managers serving this target population must, at a minimum, hold a Masters degree in Social Work, Nursing or Nutrition and/or meet the qualifications established by the State Merit System for a Social Worker III or IV, Senior Public Health Nurse (SPHN) or Nutritionist II.

F. FREE CHOICE OF PROVIDERS:

All physically handicapped children under age 18 and eligible for Medicaid must be eligible to receive these case management services.

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902 (a) (23) of the Act.

1. Eligible recipients will have free choice of case managers and the freedom to switch case managers if and when they desire.
2. Eligible recipients will have free choice of providers of other medical care under the State Plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

19. CASE MANAGEMENT - Limitations

Under the authority of Section 1915(g)(1) of the Social Security Act, Case Management Services will be covered without regard to the requirement of Section 1902(a)(10)(B) of the Act and will be targeted to specific population groups.

- A. Coverage is limited to foster children who are in the care, custody, or control of the state or receiving state agency or of an agency in another state and placed in South Carolina. This population consists of children age 0-21 who are placed (in the community) outside of the home due to abuse, neglect, or other conditions which contribute to a child's physical, emotional, and/or social deterioration. These children are in the care, custody, or control of the State of South Carolina due to:

1. The judicial or legally sanctioned determination that the child must be protected by the State as dependent or a child in need of supervision as determined by the Family Court of South Carolina; or
2. The judicial determination or statutory authorized action by the State to protect the child from actual or potential abuse/neglect under the South Carolina Children's Code, Section 20-7-610 and Section 20-7-736, or other statute; or
3. The voluntary placement agreement, or an agreement for foster care, between the State and the child's parent(s), custodians), or guardian; or
4. Children placed in South Carolina pursuant to the Inter-State Compact for Children who are placed by an Agency from another state.

In addition, children under the age of 21 who are receiving post-adoption services under the auspices of an Adoption Agreement will be eligible to receive case management services.

Case management services are provided to all children (Medicaid as well as non-Medicaid eligible) in the target population. Payment sources will be Medicaid, third party payors which reimburse for case management services, and Title IV-B. Services for children who are insured by a third party payor which covers the cost of case management will be reimbursed by the third party payor. Title XIX funds will be used when a child has no third party coverage and is eligible for Medicaid. The remaining children will have their case management services funded by Title IV-B.

- B. See pre-print page, Supplement 1 to Attachment 3.1-A, Page 1(1).
- C. See pre-print page, Supplement 1 to Attachment 3.1-A, Page 1(1).

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D. Definition of Services:

Case management services are defined as those services which will assist individuals eligible under the Plan in gaining access to needed medical, social, educational, and other services. The core elements of the case management services are described as follows:

A comprehensive needs assessment will be completed by the case manager which identifies the service needs of the child. A service plan will also be developed to assist the case manager in a) making needed referrals; b) assuring access to services; and c) providing follow-up to ensure that recommended services are accessed. The service plan will be developed with input received from the client as age appropriate, the family, significant others, and involved service/treatment providers. On-going monitorship and follow-up of the plan (face-to-face contacts and telephone contacts) will be rendered to a) assure that the plan is being followed, b) identify whether progress is being achieved on plan objectives and if not, to make needed revisions to the plan, and c) to ensure that services are coordinated with the active participants in the child's life.

Case management services will enable the target population to have timely access to the services and programs which can best meet their individual needs. Case management will provide a quick response to issues that need immediate attention through timely and appropriate referrals. A referral mechanism will exist as an integral aspect of the service as will the process for follow-up monitoring.

The service plan will be updated as needed, but at a minimum, annually. Case management services will be appropriately documented in the client record.

E. Qualification of Providers

Providers must:

A. Provide all core elements of case management services including:

1. Comprehensive needs assessment which addresses client service needs.
2. Comprehensive service plan development.
3. Linking/coordination of services to meet individual, and as appropriate, family needs. Only Medicaid eligible recipients that fall within the target population will receive services.

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4. Reassessment of client status and needs/follow-up;
 5. Crisis assessment and referral. Contact with family, guardian, or others to assess the current situation and need for emergency/alternative service provision; contact with client to assess service needs; and making referrals to an appropriate emergency provider.
 6. Assuring access to needed services and that services are coordinated to meet identified needs while the child is in the care and custody of the state, arranging the necessary support services to reunite the child with the family, and assuring that out-of-home placements) meets the child's needs.
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- B. Have experience working with abused and neglected children in out-of-home placements.
 - C. Have experience in service planning and meeting the service needs of foster children.
 - D. Have experience in coordinating and linking community resources required by children in foster care.
 - E. Establish and maintain a referral process consistent with Section 1902 (a) (23), freedom of choice of provider.
 - F. Establish and maintain case management records in accordance with state and federal policies and regulations.
 - G. Establish and maintain a quality assurance process which ensures a quality case management program and that the services delivered are appropriate to meet individual needs.
 - H. Establish and maintain a financial management system which provides documentation of services and costs.

Case management provider entities must be certified (by a provider review team responsible to the Medicaid agency) as a Medicaid case management provider and must maintain that certification. Provider certification will consist of an audit of a random sample of case management records to review compliance with Medicaid policy. Each case management provider will be subject to an initial certification audit with post-certification monitoring reviews conducted periodically to ensure continued qualification as a Medicaid provider. If a case management provider fails to receive or maintain certification, the provider may not bill Medicaid until such time as a corrective action plan is implemented and certification is granted.

Individual case managers must meet the following minimum qualifications:

1. A Bachelor of Arts or a Bachelor of Science degree, preferably in a human services field;

OR

2. Four years of professional social service or case management experience, and be licensed as a social worker by the state of South Carolina Board of Social Work examiners or meet provider qualifications under the grandfathering clause;

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AND

3. Complete training in a case management curriculum approved by the State Health and Human Services Finance Commission.

Required credentials for a Case Manager Assistant will include no less than a high school diploma or GED, and skills/competencies sufficient to perform assigned tasks or the capacity to acquire those skills/competencies.

F. Free Choice of Providers

All children age 0-21, eligible for Medicaid and who are placed in the custody of the state will be eligible to receive these case management services.

The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of case managers and the freedom to switch case managers if and when they desire.
 2. Eligible recipients will have free choice of providers of other medical care under the state plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times.
- C. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. Services for children who are insured by a third party payor which covers the cost of case management will be reimbursed by the third party payor. Title XIX funds will be used when a child has no third party coverage and is eligible for Medicaid. The few remaining children will have their case management services funded by Title IV-B.

19. CASE MANAGEMENT - Individuals with Head and Spinal Cord Injuries and Related Disabilities

Under the authority of Section 1915 (g)(1) of the Social Security Act, case management services will be covered without regard to requirements of section 1901(a)(10) of the act and will be targeted to individuals with head and spinal cord injury.

- A. Coverage is limited to non-institutionalized Medicaid recipients determined to have a head and spinal cord injury or related disability. In addition, the Medicaid recipients must be below the age of 55 years when opened to case management services.
- B. Case management for clients with head and spinal cord injury or related disability is not restricted geographically, and is provided on a statewide basis in accordance with section 1902(a)(1).
- C. All case management services for this targeted Medicaid population are comparable in amount, duration and scope.

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D. Definition of Services:

Case management services are defined as those services which will assist individuals eligible under the plan in gaining access to needed medical, social, educational, and other services. Case management components are intake/assessment, care coordination and intervention. Assessments will be provided to identify the individuals need for case management. Service needs and resources identified will be coordinated and integrated. A mechanism for referral will exist as an integral part of this service, including a process for follow-up monitoring and tracking.

Case management for Medicaid clients with head and spinal cord injury or a related disease will enable the recipients to have timely access to care and programs that are appropriate for their needs. The plan of care is developed in conjunction with the recipient\family and are based on mutually determined goals. The case manager must maintain adequate records to ensure that the approved plan of care and all services that were deemed necessary were actually utilized. A plan of care will be reviewed at least on a semi-annual basis to assure that needed services are accessed.

E. Qualification of Provider:

The Case Manager must have a master's degree and one (1) years experience in health and human services. All case managers will receive twenty (20) hours of training from the University of South Carolina Center for Disabilities. The training shall consist of an overview of head, spinal cord injuries and related disabilities to include some anatomy, family dynamics, case consultation, community resources, networking, policies and procedures, preparation of paperwork, and crisis intervention.

Required credentials for a Case Manager Assistant will include no less than a high school diploma or GED, and skills/competencies sufficient to perform assigned tasks or the capacity to acquire those skills/competencies.

F. Free Choice of Providers:

Case management services to Medicaid patients with Head and Spinal Cord Injuries will comply with CFR Regulation regarding Freedom of Choice. The State assures that the provision of case management services will not restrict an individuals free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of case managers and the right to change or terminate case managers if and when they desire.
2. Eligible recipients will have free choice of providers of other medical care under the state plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other programs authorized for this same purpose. The Head and Spinal Cord case management must not duplicate any other Medicaid case management or waived service.

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RO APPROVAL: [Signature]
SUPERSEDES: MA 94-009

Case Management - Individuals with sensory impairment.

Under the authority of Section 1915 (g) (1) of the Social Security Act, case management services will be covered without regard to the requirements of Section 1902 (a) (10) (B) of the act and will be targeted case management for sensory impaired individuals.

- A. Coverage is limited to non-institutionalized Medicaid recipients determined to be sensory impaired. Additional criteria is listed as follows:

(1) diagnosed as legally blind or visually impaired, or deaf or hard of hearing or multi-handicapped by a qualified specialist in the areas of vision and hearing.

(2) eligible for services as determined by criteria established by South Carolina Commission for the Blind or South Carolina School for the Deaf and Blind or be an applicant in the intake process.

(3) between the ages of birth through sixty-four (64) years of age at the time of application.

(4) a resident of South Carolina.

(5) a Medicaid recipient.

- B. Case management for the sensory impaired population is not restricted geographically, and is provided on a statewide basis in accordance with section 1902 (a) (10) (B).

- C. All case management services for this targeted sensory impaired population are comparable in amount, duration and scope.

- D. Definition of Services:

Case management services are defined as those services which will assist individuals eligible under the plan in gaining access to needed medical, social, educational, and other services. Case management components are intake/assessment, care coordination and intervention. Assessments will be provided to identify the individual's need for case management. Service needs and resources identified will be coordinated and integrated. A mechanism for referral will exist as an integral part of this service, including a process for follow-up monitoring and tracking.

Case management services for the sensory impaired population will enable the recipients to have timely access to care and programs that are appropriate for their needs. The plan of care is developed in conjunction with recipient/family and are based on mutually determined goals. The case manager must maintain adequate records to ensure that the approved plan of care and all services that were deemed necessary were actually utilized. A plan of care will be reviewed at least on a semi-annual basis to assure that needed services were accessed.

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E. Qualifications of Providers:

Individual case managers serving this target population must, at a minimum, hold a master's degree in human services (social or behavioral), allied health, or special education field and one (1) year experience performing rehabilitation, clinical or casework activities, preferably with sensory impaired individuals; or a bachelor's degree in the above and (3) years experience in performing rehabilitation, clinical or casework activities, or a bachelor's degree with a combination of education and experience listed above. The case manager must successfully complete the established training curriculum for case management of sensory impaired children.

Required credentials for a Case Manager Assistant will include no less than a high school diploma or GED, and skills/competencies sufficient to perform assigned tasks or the capacity to acquire those skills/competencies.

F. Free Choice of Providers:

All sensory impaired individuals birth through sixty-four years of age who are eligible for Medicaid are eligible to receive these case management services.

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902 (a) (23) of the Act.

1. Eligible recipients will have free choice of case managers and their freedom to switch case managers if and when they desire.
2. Eligible recipients will have free choice of providers of other medical care under the State Plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose. The case management will not duplicate any other Medicaid case management or waived service.

19. CASE MANAGEMENT - Juvenile Justice Children Ages 0-21

Under the authority of Section 1915(g) (1) of the Social Security Act, case management services will be covered without regard to the requirement of Section 1902(a) (1) of the Act and will be targeted to specific population groups.

A. Coverage is limited to children ages 0-21 receiving community services (non-institutional level) in association with the juvenile justice system in South Carolina. The population to be served consists of children receiving community services under statutory authorization promulgated under the South Carolina Children's Code, Section 20-7-3210.

Case management services are provided to all children (Medicaid as well as non-Medicaid eligible) in the target population. In addition to Medicaid, third party payors which reimburse for case management will be a payment source. Title XIX funds will be used when a child has no third party coverage and is eligible for Medicaid.

- B. Case Management for juvenile justice children is not restricted geographically, and is provided on a statewide basis in accordance with Section 1902(a)(1).
- C. All case management services for this targeted population of children are comparable in amount, duration and scope.
- D. Definition of Services:

Case management services are defined as those services necessary to assure that the targeted client has access to a full array of needed community services, to include appropriate medical, social, educational, treatment, and rehabilitative services. A mechanism for referral will exist as an integral aspect of the service as will a process for follow-up monitoring.

Case management services will enable children within the juvenile justice system of care to have timely access to the services and programs which can best meet individual needs. Case management will provide a quick response to issues that need immediate attention through timely and appropriate referrals.

A comprehensive Service Plan and/or Assessment will assist the case manager in providing follow-up to ensure that recommended services were accessed. Services will be appropriately documented in the client record. A tracking system will be used to monitor compliance, access to services rendered, and accumulated costs.

- E. Qualification of Providers:

Providers must:

- A. Provide all core elements of case management services including the following:
 - 1. Comprehensive client needs assessment which addresses service needs;
 - 2. Comprehensive service plan development;
 - 3. Linkage/coordination of services to meet individual needs.
 - 4. Reassessment of client status and needs/follow-up;
 - 5. Crisis assessment and referral;
 - 6. Assuring access to needed community services, ensuring the appropriateness of services and effectively coordinating services for juvenile justice children in community placements.

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